

RECEIVED
CENTRAL FAX CENTER

NOV 22 2005

PTO/SB/87 (08-09)

Approved for use through 10/31/2002, OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Application Number: 09/963,918

Filing Date: 9/26/2001

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the
United States Patent and Trademark Office

on 11/22/2005

Date

Laurie Morgan
Signature

Laurie Morgan

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

1. Fee Transmittal
2. Response to Office Action Dated 08/01/2005

Total pages including cover sheet: 22

jBE1-0075US
(571) 273-8300

Please notify us immediately (509-324-9256) if
there is a problem with the quality of this fax.

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED
CENTRAL FAX CENTER

15093238979 TO 15712738300

P.02/22

NOV 22 2005

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$0.00)**Complete If Known**

Application Number	09/963,918
Filing Date	9/26/2001
First Named Inventor	Roderick Holland
Examiner Name	Thjuan P Knowlin
Art Unit	2642
Attorney Docket No.	BE1 0075US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description **Small Entity**
 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent **Fee (\$)** **Fee (\$)**
 50 25
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent **Fee (\$)** **Fee (\$)**
 200 100
 Multiple dependent claims **Fee (\$)** **Fee (\$)**
 360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
- 20 or HP =	x 50	=		Fee (\$) Fee (\$)
HP = highest number of total claims paid for, if greater than 20				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
- 3 or HP =	x 200	=		
HP = highest number of independent claims paid for, if greater than 3				

3. APPLICATION SIZE FEE

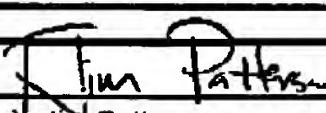
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY		Registration No. (Attorney/Agent) 52103	Telephone (509) 324-9256
Name (Print/Type)	Jim Patterson		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9799 and select option 2.

S/N 09/963,918

Response to Office Action Dated Aug. 1, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

1 Application Serial No.09/963,918
2 Filing Date September 26, 2001
3 Inventorship Roderick Holland.
4 Applicant..... BellSouth Intellectual Property Corporation
5 Group Art Unit 2642
6 Examiner Thjuan P. Knowlin
7 Attorney's Docket No. BE1-0075US
Title: System and Method for Identifying Contaminated Telephone Numbers and
Correct LRN Under Number Pooling

RESPONSE TO OFFICE ACTION DATED AUGUST 1, 2005

To: Commissioner of Patents and Trademarks
P.O. Box 1450
Alexandria, Virginia 22313-1450

From: Jim Patterson (Tel. 509-324-9256 ext 247; Fax 509-323-8979)
Customer No. 49584

S/N 09/963,918

NOV 22 2005

Response to Office Action Dated Aug. 1, 2005

INTRODUCTORY COMMENTS

1 Applicants respectfully request entry of the following amendment and
2 remarks contained herein in response to the Office Action mailed August 1, 2005.
3 Applicants respectfully submit that the amendment and remarks contained herein
4 place the instant application in condition for allowance.

5
6 **Amendments to the claims are reflected by the listing of claims that**
7 **begins on page 3 of this document.**

8
9
10 **Remarks/Arguments start on page 7 of this document.**

11
12
13
14
15
16
17
18
19
20
21
22
23
24
25